

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 2em; font-weight: bold; margin-right: 10px;">A</div> <div> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) </div> </div>							SERIAL NO. 10/0532/2		FILING DATE										
CLAIMS																			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							51												
2							52												
3							53												
4							54												
5							55												
6							56												
7							57												
8							58												
9							59												
10							60												
11							61												
12							62												
13							63												
14							64												
15							65												
16							66												
17							67												
18							68												
19							69												
20							70												
21							71												
22							72												
23							73												
24							74												
25							75												
26							76												
27							77												
28							78												
29							79												
30							80												
31							81												
32							82												
33							83												
34							84												
35							85												
36							86												
37							87												
38							88												
39							89												
40							90												
41							91												
42							92												
43							93												
44							94												
45																			
46																			
47																			
48																			
49																			
50							100												
TOTAL IND.	3		3				TOTAL IND.												
TOTAL DEP.	6		5				TOTAL DEP.												
TOTAL CLAIMS	9		8				TOTAL CL.												